

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO		FEC IDENTIFICATION NUMBER ▼ C C00626119	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 24 / 2016</div> </div>	

Full Name of Payee United Food and Commercial Workers 8 Golden State Political Action Committee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2016	
Mailing Address 2200 Professional Drive		Amount 0.00	
City Roseville	State CA	Zip Code 95661	Transaction ID : EDT.E.41
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/23/16-11/8/16		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2016
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		155874.52	

Full Name of Payee United Food and Commercial Workers 8 Golden State Political Action Committee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2016	
Mailing Address 2200 Professional Drive		Amount 0.00	
City Roseville	State CA	Zip Code 95661	Transaction ID : EDT.E.42
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/23/16-11/8/16		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2016
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pulaski, Art, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 07 / 2016

Signature